

110 JUL 24 1943
Registration District No. 07

Primary Registration District No. 3019

Registrar's No. 52

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Most of life (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Kennett Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) City

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Conner

3. (b) If veteran, _____ name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1943 hour 6 minute 30 P. M.

4. Sex Male 5. Color or face White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Hattie Conner

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb. 7 - 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____
Unattended by a Physician
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

75 4 4 hr. _____ min.

Immediate cause of death: Acute Myocardial Failure
Due to arterio-sclerotic Valvular Heart Disease
Due to _____
Duration 10 minutes
5 years

9. Birthplace Missouri (State or foreign country) 0

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Farming & labor

Major findings: 93d

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name John

13. Birthplace (City, town, or county) Mo. (State or foreign country) 9

14. Maiden name John

15. Birthplace (City, town, or county) Mo. (State or foreign country) 9

16. (a) Informant Lawrence Conner

(b) Address Kennett Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof June 15 - 43
(Month) (Day) (Year)

(c) Place: burial or cremation Kennett Cemetery

22. If death was due to external causes, fill in the following:

18. (a) Signature of funeral director Landin

(b) Address 6 Campbell, Mo.

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

19. (a) 6-22-43 (Date received local Registrar)

(b) John P. Park (Registrar's signature)

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(e) Means of injury 2

23. Signature John P. Park (M. D. or other)

Address 97 North 7th St Date signed 6-22-43

RECEIVED

District Health Office No. 2

District File Number 743-876

Date Filed 7-19-42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.